



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
HEALTH CARE LICENSING & CUSTOMER SERVICE DIVISION
64 NEW YORK AVENUE, NE, FIRST FLOOR
WASHINGTON, DC 20002
REGISTRATION PROGRAMS

APPLICATION INSTRUCTIONS AND FORMS FOR A RECREATION THERAPY OR DANCE THERAPY REGISTRATION IN THE DISTRICT OF COLUMBIA

Your interest in becoming registered as a recreation therapist or dance therapist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a recreation therapy or dance therapy registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Health Care Licensing & Customer Service Division will review your application. Upon final approval you will be issued a registration to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the Board will notify you of the deficiencies. If the Health Care Licensing & Customer Service Division has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Office of Professional Licensing/Board of Dance Therapy
64 New York Avenue, NE, 1st Floor
Washington, DC 20002

If you have any questions, call the Department of Health at 1-202-442-9200 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect payment will be returned in their entirety, including payment. Please print or type all information except signatures.

Pending registration applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue registration after that time, s/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a recreation therapy and dance therapy registration in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be registered; and

All applicants must submit the following in order to be considered for registration:

3. A complete and notarized application, including required supporting documents;

4. Two recent passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots are not acceptable;

Recreation therapy applicants must also submit the following in order to be considered for registration:

1. A copy of current National Council for Therapeutic Recreation Certification (NCTRC) card

Dance therapy applicants must also submit the following in order to be considered for registration:

1. A copy of his/her American Dance Therapy Association (ADTA) registration as a Dance Therapist Registered (DTR) or Academy of Dance Therapists Registered (ADTR).

COMPLETING THE REGISTRATION APPLICATION

Section 1. Requested License Type / Fees

- a. The method for becoming registered in the District of Columbia is outlined below. The one letter code/abbreviation for the origin is indicated in parenthesis. Write the origin code/description on the "Method (Origin) of Application" line in section one of your registration application.

Endorsement (N) Current registration with the National Council for Therapeutic Recreation Certification (NCTRC) or the American Dance Therapy Association (ADTA).

- b. Write the abbreviation for the registration type for which you are applying on the "Requested License Type Code" line provided in section 1 of the application. Write the corresponding license description on the "Description" line right next to the code. The following registration types are available:

License Abbreviation	License Description
RT	Recreation Therapist
DT	Dance Therapist

- c. No specialties are available for these registration types. The abbreviation "n/a" and the "not applicable" description are provided on the "Requested Specialty" line in section one of the application.
- d. Should you need to obtain additional copies of your registration to comply with laws and regulations pertaining to displaying your registration at each office where you conduct business, you may order up to five (5) duplicate registrations (for \$20 fee each, etc.). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and registration fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **DC Treasurer** and submitted with your registration application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The registration fee portion of the payment is refundable in the event of final denial of a registration or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for registration. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and registration fee portions of each application method are listed below:

Registration Type	Application Method	Application Fee	Registration Fee	Total Due
RT	Endorsement (N)	\$50	\$45	\$95
DT	Endorsement (N)	\$50	\$45	\$95

*The **Total Due** amount is the fee that must be paid for your DC registration to be processed. Your new registration fee includes one new registration print showing the new effective date and expiration date. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

DC recreation therapy and dance therapy registrations expire on February 28 of even numbered years. Your initial registration will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your registration/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your registration will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to ASI on behalf of the Health Care Licensing & Customer Service Division. ASI will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to ASI at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the registration. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to ASI on behalf of the D.C. Office of Professional Licensing.

Place an "X" in the "NO" box for each item that does not apply for the registration type (or registration method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed. Your home address will appear on your registration regardless of your mailing address preference.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

Section 6B. Postgraduate Experience

List all experience since graduation from medical/professional school in reverse chronological order, beginning with the most recent at the top.

Section 6C. Professional Licenses In Other States / Jurisdictions

List all jurisdictions in which you have ever been licensed/registered.

Section 7. Screening Questions

If you answer “no” to question A or “yes” to questions B through K, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

Your application must be notarized; however, it does not need to be notarized in the District of Columbia.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit DC Department of Health website at www.dchealth.dc.gov or call (202) 442-9200. The forms that make up this package are:

- Chapter 72 Recreation Therapy Regulations
- Chapter 71 Dance Therapy Regulations
- Recreation Therapy & Dance Therapy Registration Instructions

SUMMARY OF APPLICATION REQUIREMENTS

The following chart shows the application submission requirements for all application methods. The law governing recreation therapy and dance therapy registration in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing recreation therapy and dance therapy registration are included in *DC Municipal Regulations Title 17, Chapters 72 & 71*, respectively. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Health Care Licensing & Customer Service Division if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF RECREATION THERAPY AND DANCE THERAPY REGISTRATION REQUIREMENTS

Registration Type	Application Method	Notarized Application for Registration	Two 2" x 2" Photos	Copies of Legal Name Change Documents ¹	Copy of National Council for Therapeutic Recreation Certification (NCTRC) card	Copy of American Dance Therapy Association (ADTA) registration	Check or Money Order ²
RT	Endorsement (N)	X	X	X	X	O	\$95
DT	Endorsement (N)	X	X	X	O	X	\$95

X = Required

O = Not required

¹ If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

² Check or money order MUST be made payable to **DC TREASURER**.